ľ	Olavia										:: 10/7/2	847/_
	CLAIMS AS FILED - PART I						olumn 21 SMALL ENTIT				OR OTHER THAN	
`[FOR HUMBER FILED			1.	(Column 2)		SIMAL	LENITY	(ALL ENTIN	
	BASIC FEE (37 OFR 1.16(#1)			TOMOER FILED		NUMBER EXTRA		RATE	FEE	4	RATE	· FOL
T	OTAL CLAIMS OF CER 1.16(c))		<u> </u>	-		· · · · ·		77 =	- 15	_ 0	R.	\$
Ü	NDEPENDENT CLAIMS				20 = '	<u>. ·</u>	_	x 120.		。	R x 50	
.	7 CFR 1.16(b)) minus 3 c							x 5 100=		01	1 x , 200	2
1.	AULIFILE DEPENDENT CLAIMPRESENT (37 CFR 1.16(d))							+5.180		01	, 360	
.	If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		or	<u> </u>	<u></u>
		CLAIMS AS AMENDED - PART II							<u> </u>		TOTAL	L
1 2119107												
1			LAIMS .		(Column)	SMALL	ENTITY	OF		ER THAN L ENTITY
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N	(31 OFFR 1.16(6))	1 2			1_3_	1-0	1	x s 100=		OR	x : 200	
_	FRST PRESENTATION OF MATTIPLE DEPENDENT CLAIM (3) CFR 1.16(d))							+5 180=		OR	+5360	
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ğ	CHOPE LIGHT	•			***	= '	_	× s 25 .		OR	K \$ \$0.	
AMENDMENT	Independent DI OFFE 1.16bit			Minus		<u></u>	-	+ 5 180.	<u></u>	OR	x 5.20Q	
۹,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DI CFR 1,16(4))									OR	. 360.	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
	"If the "Highest t	Numn 1 is k Tumber Pre	viously P	lie entry	in column 2, w IN THIS SPAC	rile "0" in column Els less than 20,	3. enler	·20·			L_	

"If the "Highest Number Previously Paid For In THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For In THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For In THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includual case, Any comments on the amount of time you require to complete this form and/or subgressions for returning his burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETEO FORMS TO It HIS

If you need assistance in completing the form, cell 1-800-P TO-9199 and soled option 2